

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>097831019</i>	FILED JUL 2001 <i>Long</i>				
						APPLICANT(S)					
CLAIMS						*	*	*			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			/			51					
2			/			52					
3			/			53					
4			/			54					
5			/			55					
6			/			56					
7			/			57					
8			/			58					
9			/			59					
10			/			60					
11			/			61					
12			/			62					
13			/			63					
14						64					
15						65					
16						66					
17						67					
18						68					
19						69					
20						70					
21						71					
22						72					
23						73					
24						74					
25						75					
26						76					
27						77					
28						78					
29						79					
30						80					
31						81					
32						82					
33						83					
34						84					
35						85					
36						86					
37						87					
38						88					
39						89					
40						90					
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.			/			TOTAL IND.					
TOTAL DEP.			12			TOTAL DEP.					
TOTAL CLAIMS			13			TOTAL CLAIMS					